



Dutchess County Veterans' Services

Tom Zurhellen Fund Application

Funding through the Tom Zurhellen fund will be used to increase the access to opportunity and self-sustainability for veterans. Investments in the veteran community will include, but not be limited to, maintaining or gaining housing, job training/employment, education, and transportation.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Number of Dependents in the Household _____

Date of Expense: _____ Expense Paid To: _____ Amount Requested? \$ _____

(Attach Invoice or bill requested to be paid)

- | | | | | | |
|--------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 3. Will non-payment of this expense put you at risk of homelessness or loss of employment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are you currently homeless? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 3a. If yes, when? _____ | | |

Please explain below how assistance with this hardship, or opportunity, would contribute the veteran's successful reintegration and/or self-sustainability.

References

Please list any agencies you are currently working with.

Agency : **Example: Mental Health America Vet2Vet** _____

Agency : _____

Agency : _____

Employment Status

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Income: _____

Other Income and Expense

Monthly Income: \$ _____

Source: _____

Monthly Expense: \$ _____

List Items paid for in the Monthly Expense Total: _____

Total Monthly Income Less Expenses: \$ _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Certification and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

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Policy Statement:

The fund is to assist Veterans and Veterans' families in Dutchess County during times of emergency, financial crisis, or an individual need that would increase the veteran's access to opportunity for successful reintegration and/or self-sustainability. Situations of need can, and often do, arise unexpectedly, and can necessitate one-time funds in order to maintain or gain stable housing, access job training or elements that can help with obtaining or keeping employment, education, and transportation.

Standards:

- Assistance is offered for needs in the areas of basic welfare and housing, employment, education and transportation of the Veteran. An application, including the following information, will be used to determine the eligibility for an emergency benefit award:
 - Description of emergency need
 - Documentation identifying Award request (ie invoice, bill, etc)
 - Employment status
 - Dependents
 - References
 - Present income and expenses
 - Other sources of support or financial assistance
- The Director of Veterans Services will communicate with other organizations to determine if the applicant is seeking and obtaining financial assistance from entities other than the **Tom Zurhellen Fund**. The Fund will not award payment for expenses covered by other entities.
- Awards are limited to \$750 per individual veteran or \$1,500 for Veteran's with Spouse/Dependents. Exceeding these limits will require special approval from the Commissioner of Behavioral and Community Health.
- The Division of Veterans Services will only issue payment directly to the vendor/business/service-provider requesting payment, and never the applicant. Applicants will never directly receive a monetary distribution from the **Tom Zurhellen Fund**.
- Awards are only available to Veterans that are residents of Dutchess County at the time of application.
- Awards will only be made once per veteran.

Procedures:

1. Veterans will obtain an application for the **Tom Zurhellen Fund** from the Division of Veterans Services, either in office, on the Division of Veterans Services website, or through other referring agencies, and shall submit it to the Division of Veterans' Services Office.
2. The Division of Veterans' Services will receive the application and collect available supporting documentation to verify the information as reported, as well as the documentation of need including the invoice or bill to be paid.
3. An application for assistance within the maximum funding limit will be considered by a Committee consisting of the Division of Veterans Services Director, Deputy Director, and Program Assistant. Awards will be based on the merit of the request as determined by a majority vote of the Committee. Application

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requests in excess of the limits described in the Standards above will require approval of the Committee and additional review and agreement by the Commissioner of Behavioral and Community Health to approve the award.

4. Notification of the outcome of award requests will be forwarded to the applicants and approved awards will be processed by the Department following the proper procedures for payment.
5. All documentation of applications both approved and denied, with all supporting documentation will be kept on file in the Division of Veterans' Services.